

DFAS USE ONLY

EFT

PAPER

VENDOR#

**MISSOURI DEPARTMENT OF SOCIAL SERVICES
SAMII PAYMENT REQUEST FORM**

Mail to:

DFAS Accounts Payable (A/P)
P.O. Box 1643
Jefferson City, MO 65102-1643

***THIS FORM IS TO BE USED FOR VENDOR INVOICES PAID THROUGH SAMII ONLY; NO FORM REQUIRED FOR EMPLOYEE EXPENSES**

DIVISION	UNIT/OFFICE	
DFAS	Cole	
CONTACT PERSON NAME	PHONE NUMBER	
Joy Benne	751-7027	

VENDOR/PAYEE NAME	AMOUNT OF PAYMENT
Alliance For Life - Missouri Inc	\$224,278.91

CONTRACT, ER, OR RGN NUMBER (if applicable)	CS170042001/
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CODING INFORMATION	
ORGANIZATION CODE(S) TO BE CHARGED:	3155
DESCRIPTION OF CODING OR FUNDING SOURCE (Indicate the exact words from coding sheet): ALTERNATIVES TO ABORTION TANF 100% 0199 886 3155 2960 1536 Q221	

SPECIAL INSTRUCTIONS FOR PAYMENT (if applicable)	
January 2018 Payment	

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ENCUMBER:	DATE:
PURCHASING:	
PO#	COMM LINE: INIT/DATE:
ACCOUNTS PAYABLE	
DATA ENTRY:	APPROVAL:

Alternatives to Abortion Invoice

"ORIGINAL"
Only Invoice Available

Contract # CS170042001

Vendor Name: Alliance for Life - Missouri Inc

Vendor Number: [REDACTED]

Vendor Address: P.O. Box 65

Greenwood, MO 64034

Bill To: Missouri Department of Social Services

Division of Finance & Administrative Services

221 W. High St., Room 310

P.O. Box 1082

Jefferson City, MO 65102-1082

Invoice Number: 2018-07

Invoice Date: 1-Jan-18

Service Period: Jan 1 - Jan 31, 2018

Total Contracted Allocation	Prior Invoiced Total	Monthly Award Amount
\$ 2,150,338.14	\$ 960,091.85	\$ 179,194.85

Quarterly expenditure adjustment: \$ 45,084.06

Total Due: \$ 224,278.91

Allocation Remaining \$ 965,967.39

Signature: Marsha Miller

18 JAN 24 AM 11:02

DEPT OF HUMAN SERVICES
SOCIAL SERVICES

Approved
1-24-18
J.E. Bentz